

**CALIFORNIA STATE FIRE MARSHAL
FIRE EXTINGUISHER CONCERN
INDIVIDUAL VERIFICATION**



INDIVIDUAL/TECHNICIAN
Name:
Driver's License #: Exp:
DOB:
Address
City, State, Zip:
CofR #:
Type:
Label #: Exp:
INDIVIDUAL/TECHNICIAN
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DOB:
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CofR #:
Type:
Label #: Exp:

Applicant Signature: _____

Date: _____